

Section 5 – TOPICAL MODULES

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS

STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1988. It would be very helpful to refer to records during this part of the interview.

CHECK ITEM T1

Are the names of any businesses listed for . . . on the control card? (cc item 43)

8000

- 1 ☐ Yes – SKIP to 1b
2 ☐ No

CHECK ITEM T2

Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves (cc items 44, 45, 46, and 47)?

8002

- 1 ☐ Yes – SKIP to Statement D, page 57
2 ☐ No

1a. Did . . . own and operate a business at any time during calendar year 1988?

Include farms.

8004

- 1 ☐ Yes
2 ☐ No – SKIP to Statement D, page 57

ASK OR VERIFY –

b. How many different businesses did . . . own and operate during calendar year 1988?

8006

Businesses

OR

- x3 ☐ None – SKIP to Statement D, page 57

ASK OR VERIFY –

c. What were the names of the businesses that . . . owned and operated during calendar year 1988? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)

PGM8

8008

Business name

PGM8

8058

Business name

CHECK ITEM T3

Transcribe ID number for this business from the control card (cc item 43).
(Fill items T3–T9 for the first business listed, then fill items T3–T9 if a second business is listed.)

PGM7

8010

☐ Business ID No.

OR

- x3 ☐ Not listed on control card

PGM7

8060

☐ Business ID No.

OR

- x3 ☐ Not listed on control card

CHECK ITEM T4

Has information about this business already been obtained in an interview for another household member?

8012

- 1 ☐ Yes
2 ☐ No – SKIP to 2a

8062

- 1 ☐ Yes
2 ☐ No – SKIP to 2a

INTERVIEWER INSTRUCTION:

Enter name, person number, and business ID number of the other owner who previously reported the business to indicate the location of the information about this business.

Name

Person number

8014

Business ID number

8016

OR

- x3 ☐ Not listed on control card

SKIP to Check Item T9, page 56

Name

Person number

8064

Business ID number

8066

OR

- x3 ☐ Not listed on control card

SKIP to Check Item T10, page 56

ASK OR VERIFY –

2a. What was the form of this (business/practice) – was it a sole proprietorship, a partnership, or a corporation?

8018

- 1 ☐ Sole proprietorship
2 ☐ Partnership
3 ☐ Corporation
x1 ☐ DK

8068

- 1 ☐ Sole proprietorship
2 ☐ Partnership
3 ☐ Corporation
x1 ☐ DK

b. Was this business primarily located in . . . 's own home or somewhere else?

8020

- 1 ☐ Own home
2 ☐ Somewhere else

8070

- 1 ☐ Own home
2 ☐ Somewhere else

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T 5	Is "sole proprietorship" marked in item 2a?	8104 1 <input type="checkbox"/> Yes — SKIP to 2h 2 <input type="checkbox"/> No	8154 1 <input type="checkbox"/> Yes — SKIP to 2h 2 <input type="checkbox"/> No
2c.	Were any other members of this household part-owners of this (business/practice)?	8106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g	8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g
d.	Which other household members were owners?	8108 Person No. <input type="text"/> Name <input type="text"/> 8110 Person No. <input type="text"/> Name <input type="text"/>	8158 Person No. <input type="text"/> Name <input type="text"/> 8160 Person No. <input type="text"/> Name <input type="text"/>
e.	Was this (business/practice) owned entirely by members of this household?	8112 1 <input type="checkbox"/> Yes — SKIP to 2g 2 <input type="checkbox"/> No	8162 1 <input type="checkbox"/> Yes — SKIP to 2g 2 <input type="checkbox"/> No
f.	What percentage of this (business/practice) was owned by members of this household?	8114 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8164 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
g.	What percentage of this (business/practice) did ... own in ...'s own name?	8116 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8166 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
h.	What were the gross RECEIPTS of this (business/practice) in 1988? Please use records if they are available. ★ Obtain estimate, if necessary.	8118 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8168 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
i.	What were the total EXPENSES of this (business/practice) in 1988? Please use records if they are available. ★ Obtain estimate, if necessary.	8120 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8170 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T6	Is "DK" marked in either item 2h or 2i?	8122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T7	8172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T7
2j.	If I were to call back later could you provide me with an estimate of (receipts/expenses)? (This information is especially important for this survey.)	8124 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Items 11a and/or 11b 2 <input type="checkbox"/> No	8174 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Items 11a and/or 11b 2 <input type="checkbox"/> No
CHECK ITEM T7	Is "sole proprietorship" marked in item 2a?	8126 1 <input type="checkbox"/> Yes — SKIP to Check Item T9 2 <input type="checkbox"/> No	8176 1 <input type="checkbox"/> Yes — SKIP to Check Item T10 2 <input type="checkbox"/> No

TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

2k. What was ...'s net income from this (business/practice) in 1988? Please use records if they are available.



Obtain estimate, if necessary.

8202 \$. 00 } SKIP to Check Item T8

x3 ☐ None

x2 ☐ Ref.

x1 ☐ DK

8204 x4 ☐ Lost money — Enter amount of loss in box — SKIP to Check Item T8

8252 \$. 00 } SKIP to Check Item T8

x3 ☐ None

x2 ☐ Ref.

x1 ☐ DK

8254 x4 ☐ Lost money — Enter amount of loss in box — SKIP to Check Item T8

l. If I were to call back later could you provide me with an estimate? (This information is especially important for the purposes of this survey.)

8206 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 12

2 ☐ No

8256 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 12

2 ☐ No

CHECK ITEM T8

Refer to item 2d. Were any other household members part owners of this business?

8208 1 ☐ Yes

2 ☐ No — SKIP to Check Item T9

8258 1 ☐ Yes

2 ☐ No — SKIP to Check Item T10

2m. Apart from the net income already reported for ..., did (Read names of other household owners) receive any net income in 1988 from this (business/practice)?

8210 1 ☐ Yes

2 ☐ No } SKIP to Check Item T9

x1 ☐ DK

8260 1 ☐ Yes

2 ☐ No } SKIP to Check Item T10

x1 ☐ DK

n. What was the amount of net income that was received by (Read names of other household owners)?

Obtain estimate, if necessary.

Person No.

8212

8214 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8216 x4 ☐ Lost money — Enter amount of loss in box

SECOND CO-OWNER

Person No.

8218

8220 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8222 x4 ☐ Lost money — Enter amount of loss in box

Person No.

8262

8264 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8266 x4 ☐ Lost money — Enter amount of loss in box

SECOND CO-OWNER

Person No.

8268

8270 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8272 x4 ☐ Lost money — Enter amount of loss in box

CHECK ITEM T9

Is another business listed in item 1c?

8274 1 ☐ Yes — Complete Check Item T3 for next business

2 ☐ No — SKIP to Statement D

Go to Check Item T10

CHECK ITEM T10

Is the number of businesses recorded in item 1b three or more?

8276 1 ☐ Yes

2 ☐ No — SKIP to Statement D

3. What was ...'s net income from ...'s other businesses in 1988? Please use records if they are available.

8278 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8280 x4 ☐ Lost money — Enter amount of loss in box

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

STATEMENT D

The next few questions are about personal retirement plans.

4a. Does ... have an Individual Retirement Account — an IRA — in ...'s OWN name?
If ... is only included in ...'s (husband's/wife's) IRA accounts, mark the "No" box.

9330 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK } SKIP to 4h

b. Did ... make any contributions to IRA accounts which applied to ...'s 1988 tax return?
(Contributions which were deducted from gross income.)

9332 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK } SKIP to 4d

c. How much were ...'s contributions to IRA accounts which applied to ...'s 1988 tax return?
*(Form 1040, line 25a)
 (Form 1040A, line 12a)*

9334 \$. 00
 x1 ☐ DK
 x2 ☐ Ref.

d. Did ... make any withdrawals from ...'s IRA accounts during 1988?
Mark "No" if funds were "rolled over" within 60 days of the withdrawal.

9336 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK } SKIP to 4f

e. How much did ... withdraw from IRA accounts during 1988?

9338 \$. 00
 x1 ☐ DK
 x2 ☐ Ref.

f. Including ALL IRA accounts in ...'s OWN name, how much did ...'s IRA accounts earn during 1988?

9340 \$. 00
 x1 ☐ DK
 x2 ☐ Ref.

g. What types of assets did ... have in ...'s IRA accounts during 1988?
Mark all that apply.
Anything else?

9342 1 ☐ Certificates of deposit or other savings certificates
9344 2 ☐ Money Market Funds
9346 3 ☐ U.S. Government Securities
9348 4 ☐ Municipal or Corporate Bonds
9350 5 ☐ U.S. Savings Bonds
9352 6 ☐ Stocks or Mutual Fund Shares
9354 7 ☐ Other Assets — Specify _____
9356 x1 ☐ DK

h. Does ... have a Keogh account in ...'s OWN name?

9358 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK } SKIP to Check Item T11

i. Did ... make any contributions to a Keogh account which applied to ...'s 1988 tax return?

9360 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK } SKIP to 4k

j. How much were ...'s contributions to Keogh accounts which applied to ...'s 1988 tax return?
(Form 1040, line 27)

9362 \$. 00
 x1 ☐ DK
 x2 ☐ Ref.

k. Did ... make any withdrawals from ...'s Keogh accounts during 1988?

9364 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK } SKIP to 4m

Section 5 – TOPICAL MODULES (Continued)	
Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)	
4l. How much did . . . withdraw from Keogh accounts during 1988?	<div>9366<div>\$<div></div>.<div>00</div></div><div><div>x1</div><div></div>DK</div><div><div>x2</div><div></div>Ref.</div></div>
m. Including ALL Keogh accounts in . . . 's OWN name, how much did . . . 's Keogh accounts earn during 1988?	<div>9368<div>\$<div></div>.<div>00</div></div><div><div>x1</div><div></div>DK</div><div><div>x2</div><div></div>Ref.</div></div>
n. What types of assets did . . . have in . . . 's Keogh accounts during 1988? Mark all that apply. Anything else?	<div>9370<div>1</div><div></div>Certificates of deposit or other savings certificates</div> <div>9372<div>2</div><div></div>Money Market Funds</div> <div>9374<div>3</div><div></div>U.S. Government Securities</div> <div>9376<div>4</div><div></div>Municipal or Corporate Bonds</div> <div>9378<div>5</div><div></div>U.S. Savings Bonds</div> <div>9380<div>6</div><div></div>Stocks or Mutual Fund Shares</div> <div>9382<div>7</div><div></div>Other Assets – Specify<div></div></div> <div>9384<div>x1</div><div></div>DK</div>
<div>CHECK ITEM T11</div> <div>Refer to cc item 42.</div> <div>Are the names of any employers listed for . . . on the control card?</div>	<div>9385<div>1</div><div></div>Yes</div> <div><div>2</div><div></div>No – SKIP to Check Item T12</div>
4o. During 1988, did . . . participate in an employee thrift plan such as a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.	<div>9386<div>1</div><div></div>Yes</div> <div><div>2</div><div></div>No</div> <div><div>x1</div><div></div>DK</div> <div>} SKIP to Check Item T12</div>
p. How much did . . . contribute to this plan during 1988?	<div>9388<div>\$<div></div>.<div>00</div></div><div><div>x3</div><div></div>None</div><div><div>x1</div><div></div>DK</div><div><div>x2</div><div></div>Ref.</div></div>
NOTES	

Section 5 — TOPICAL MODULES (Continued)

Part B — TAXES

CHECK
ITEM T12

Has tax information for . . . already been
obtained in an interview for a spouse with
whom . . . filed a joint return?

- 9390 1 ☐ Yes — SKIP to Check Item T19, page 61
2 ☐ No

1 a. Did . . . file a Federal income tax return for 1988?

Mark "Yes" if . . . filed alone or jointly.

- 9392 1 ☐ Yes
2 ☐ No — SKIP to Check Item T19, page 61

b. Do you have a copy of the tax form or a
worksheet that you could refer to for the next
few questions?

- 9394 1 ☐ Yes — Allow person time to get form
2 ☐ No

2. What was . . . 's filing status on . . . 's 1988
Federal tax return? Did . . . file as —

Read categories — Mark (X) one.

- 9396 1 ☐ A single taxpayer?
2 ☐ Married, filing a joint return?
3 ☐ Married, filing separately?
4 ☐ Unmarried head of household?
5 ☐ Qualifying widow(er) with dependent child?
x1 ☐ DK

3a. What were the total number of exemptions
claimed on . . . 's tax return?

- 9398 Exemptions — If "01" SKIP to 4
x1 ☐ DK

CHECK
ITEM T13

Refer to cc item 20.
Number of current household members.

- 9400 1 ☐ One — SKIP to 3c
2 ☐ Two or more

3b. Besides . . . which persons in this household
did . . . claim as an exemption?

- | Person No. | Name |
|------------|--|
| 9402 | <input type="text"/> |
| 9404 | <input type="text"/> |
| 9406 | <input type="text"/> |
| 9408 | <input type="text"/> |
| 9410 | <input type="text"/> |
| 9412 | 1 <input type="checkbox"/> None in household |

ASK OR VERIFY —

c. Did . . . claim exemptions for any persons who
lived outside of . . . 's home for the entire year?

- 9414 1 ☐ Yes
2 ☐ No — SKIP to 4

d. What was the relationship of this (these)
person(s) to . . . ?

Record for two persons only.

- | FIRST DEPENDENT | SECOND DEPENDENT |
|---|---|
| 9416 1 <input type="checkbox"/> Parent
2 <input type="checkbox"/> Child
3 <input type="checkbox"/> Brother/sister
4 <input type="checkbox"/> Other | 9418 1 <input type="checkbox"/> Parent
2 <input type="checkbox"/> Child
3 <input type="checkbox"/> Brother/sister
4 <input type="checkbox"/> Other |

4. Did . . . file form 1040, the long form or did . . .
file one of the short forms, 1040A or 1040EZ?

(Form 1040 is blue)
(Form 1040A is pink)
(Form 1040EZ is green)

- 9420 1 ☐ Form 1040
2 ☐ Form 1040A
3 ☐ Form 1040EZ
x1 ☐ DK } SKIP to Check Item T14

5. I am going to mention two forms that people are
sometimes required to attach to their tax return.
Please tell me if these were included with . . . 's
1988 tax return.

- (1) Schedule A, Itemized Deductions 9422 1 ☐ Yes
2 ☐ No
x1 ☐ DK

- (2) Schedule D, Capital Gains and Losses 9424 1 ☐ Yes
2 ☐ No
x1 ☐ DK

Section 5 — TOPICAL MODULES (Continued)

Part B — TAXES (Continued)

CHECK ITEM T14	Does the respondent have a copy of ...'s Federal income tax form or a worksheet to refer to?	9428	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — <i>SKIP to 9a</i>
CHECK ITEM T15	Refer to item 4. Is "Form 1040" marked?	9430	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — <i>SKIP to 8a</i>
CHECK ITEM T16	Is "Schedule A, Itemized Deductions" marked "Yes" in item 5(1)?	9432	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — <i>SKIP to 6b</i>
6a. How much were ...'s (and ...'s husband's/wife's) itemized deductions for 1988? <i>(Schedule A, line 26)</i>		9434	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. — <i>SKIP to Check Item T17</i> </div>
b. On ...'s Form 1040, did ... (and ...'s husband/wife) claim —		<div style="border: 1px solid black; padding: 5px;"> <i>(Ask for each credit claimed.)</i> 6c. What was the amount of the (Read name of credit) claimed? </div>	
(1) A child and dependent care expense credit . . . <i>(Form 1040, line 41)</i>		9446	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
		9448	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div>
(2) A credit for the elderly and the permanently and totally disabled <i>(Form 1040, line 42)</i>		9450	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
		9452	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div>
CHECK ITEM T17	Refer to item 5(2). Is "Schedule D, Capital Gains and Losses" marked "Yes"?	9458	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — <i>SKIP to 8a</i>
7. How much were ...'s (and ...'s husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1988? <i>(Form 1040, line 13)</i>		9460	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x3 None <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. <input type="checkbox"/> x4 Lost money — <i>Enter amount of loss in box</i> </div>
<i>(SHOW FLASHCARD CC WITH APPROPRIATE TAX FORM)</i> 8a. This card shows the portion of the tax return that deals with adjusted gross income and with the net tax liability for the year. Adjusted gross income is total income less certain types of adjustments and exclusions. What was ...'s (and ...'s husband's/wife's) adjusted gross income in 1988? <i>(Form 1040, line 31)</i> <i>(Form 1040A, line 13)</i> <i>(Form 1040EZ, line 3)</i>		9462	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x3 None <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. <input type="checkbox"/> x4 Lost money — <i>Enter amount of loss in box</i> </div>
b. Federal income tax liability is the total tax as determined by the tax table or schedule plus or minus certain adjustments. What was ...'s (and ...'s husband's/wife's) net tax liability in 1988? <i>(Form 1040, line 53)</i> <i>(Form 1040A, line 22)</i> <i>(Form 1040EZ, line 9)</i>		9464	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x3 None <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref. </div>
CHECK ITEM T18	Refer to item 8a. What is the amount of adjusted gross income reported?	9466	<input type="checkbox"/> 1 \$18,576 or more — <i>SKIP to Check Item T19</i> <input type="checkbox"/> 2 Less than \$18,576

Section 5 — TOPICAL MODULES (Continued)

Part B — TAXES (Continued)

9a. Did . . . claim an earned income credit on . . . 's Federal income tax return?

9472 1 ☐ Yes
2 ☐ No
x1 ☐ DK } *SKIP to Check Item T19*

b. What was the amount of earned income credit claimed?

(Form 1040, line 56)
(Form 1040A, line 23b)

9474 \$. 00
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM T19**

Refer to cc item 15.
Tenure of reference person.
Are . . . 's living quarters —

9486 1 ☐ Owned or being bought?
2 ☐ Rented for cash?
3 ☐ Occupied without cash payment? } *SKIP to Statement E, page 62*

**CHECK
ITEM T20**

Interview status of . . . 's spouse

9488 1 ☐ No spouse in household
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted —
SKIP to Statement E, page 62

10a. Did . . . pay any property taxes on . . . 's residence(s) in 1988?

9490 1 ☐ Yes
2 ☐ No — *SKIP to Statement E, page 62*

b. Did . . . pay these jointly with someone else living here?

9492 1 ☐ Yes
2 ☐ No — *SKIP to 10d*

c. Who made these joint payments with . . . ?

Person No. Name
9494
Person No. Name
9496

d. What was the property tax bill for . . . 's residence(s) in 1988?

Obtain estimate, if necessary.
(Schedule A, line 6)

9498 \$. 00
x1 ☐ DK
x2 ☐ Ref.

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part C — SCHOOL ENROLLMENT AND FINANCING

Statement E

The next few questions are about school enrollment and financing.

1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)

- 9610** 1 ☐ Yes
2 ☐ No — *SKIP to Check Item C1, page 64*

2. At what level or grade was . . . enrolled? (If enrolled at more than one level in the past 12 months, check level in which the greatest amount of time was spent.)

- 9612** 1 ☐ Elementary grades 1 — 8
2 ☐ High school grades 9 — 12
3 ☐ College year 1
4 ☐ College year 2
5 ☐ College year 3
6 ☐ College year 4
7 ☐ College year 5
8 ☐ College year 6 +
9 ☐ Vocational school
10 ☐ Technical school
11 ☐ Business school
12 ☐ Other or DK

CHECK ITEM T21

Was . . . enrolled in elementary or high school?

- 9614** 1 ☐ Yes
2 ☐ No — *SKIP to 4*

3. Was . . . enrolled in a public school? (Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)

- 9616** 1 ☐ Yes — *SKIP to Check Item C1, page 64*
2 ☐ No

4. During the past 12 months —

a. What was the total cost of . . . 's tuition and fees?

- 9618** \$. 00
X3 ☐ None
X1 ☐ DK

b. What was the total cost of . . . 's books and supplies?

- 9620** \$. 00
X3 ☐ None
X1 ☐ DK

c. Did . . . live away from home while attending school?

- 9622** 1 ☐ Yes
2 ☐ No — *SKIP to 5*

d. What was the total cost for room and board while away at school?

- 9624** \$. 00
X1 ☐ DK

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part C — SCHOOL ENROLLMENT AND FINANCING (Continued)

(HAND RESPONDENT CARD DD)

5a. Please look at this card and tell me if . . . received any of these types of educational assistance during the past 12 months.

Anything else?

9626 x3 ☐ None —
SKIP to
Check Item
C1

5b. How much did . . . receive?

(1) The GI Bill?

9628 1 ☐ Received

9630 \$. 00
x1 ☐ DK

(2) Other Veteran's Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans assistance.)

9632 1 ☐ Received

9634 \$. 00
x1 ☐ DK

(3) College Work Study Program?

9636 1 ☐ Received

9638 \$. 00
x1 ☐ DK

(4) A Pell Grant?

9640 1 ☐ Received

9642 \$. 00
x1 ☐ DK

(5) A Supplemental Educational Opportunity Grant (SEOG)?

9644 1 ☐ Received

9646 \$. 00
x1 ☐ DK

(6) A National Direct Student Loan (NDSL)?

9648 1 ☐ Received

9650 \$. 00
x1 ☐ DK

(7) A guaranteed student loan?

9652 1 ☐ Received

9654 \$. 00
x1 ☐ DK

(8) A JTPA Training Program?

9656 1 ☐ Received

9658 \$. 00
x1 ☐ DK

(9) Employer assistance

9660 1 ☐ Received

9662 \$. 00
x1 ☐ DK

(10) A fellowship or scholarship?

9664 1 ☐ Received

9666 \$. 00
x1 ☐ DK

(11) A tuition reduction?

9668 1 ☐ Received

9670 \$. 00
x1 ☐ DK

(12) Anything else (other than assistance from relatives and friends)?

9672 1 ☐ Received

9674 \$. 00
x1 ☐ DK

NOTES